

NATIONAL Assessment Centre Services [wef 1 Jan 2005] MWA 119116506

Date In: 31/9/11:35	Job description	Date & Time Completed	Done by
Ref No: NA/14019015540/24	SAS e-filing		
Veh No: GMS73541J	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 31/9/19-12:40	i-Motor Claim Form	M711060244-001	31/9/19 11:57
OD: (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Vch No: W811C INC ( ) / Non-INC ( )

Owner / Driver: ( ) Tel: ( )

Policy No: ( ) Period: ( ) Cover Type: ( )

Confirmed by: ( ) Date: ( ) Time: ( )

Insured/Driver Liability: ( ) % [Note-Est Status (WO): N: 0-20%; P: 21-79% P: 80-100%]

Year of Registration: ( ) Warranty: YES ( ) / NO ( )

Excess: (\$ ) Loading: \$1,000 ( ) / \$2,000 ( )

General Remarks:-

( ) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

( ) Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Remarks:- (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury: \_\_\_\_\_

Date/Time	Actions

Claimant's Particulars :-	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
		Int Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
Pat. 1:	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
Pat. 2 / 3:	8) NTUC Additional Services:-		
	OD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N-in INC) against INC \$20		
	9) N12: Idac Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date Of Report	03/09/2019 11:35
Date Of Accident	02/09/2019 17:40
Exact Location Of Accident	PIE (CHANGI) AFTER CTE EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ3541J
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#### Insured/Policyholder

Name Of Registered Owner	CHUNG HWA FOOD INDUSTRIES PTE LTD
Co Reg No	197401791K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88334144
Alternative Phone No	OFFICE-88334144

#### Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150 5MT
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

#### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5108368917
Cover Note Number	

#### Driver

Name of Driver	JIANG ZHICHAO
Passport No/FIN	G8674870W
Date Of Birth	14/10/1997
Occupation	OUTDOOR
Date Of Driving Pass	10/05/2019
Driving Experience	0 YEAR AND 3 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98296158
Fax Number	
Contact Number	OFFICE-98296158
EEmail Address	NOEMAIL

Address	3017 BEDOK NORTH STREET 5 #03-26 GOURMET EAST KITCHEN
Postcode	486121
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	3
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO STATEMENT.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YN951K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	KAN YONG HUI
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

Passenger 1

NAME: :

GENDER: :

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJN9034B

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 4

Passenger 1

NAME: :

GENDER: :

Passenger 2

NAME: :

GENDER: :

Passenger 3

NAME: :

GENDER: :

#### DETAILS OF INJURED PERSON 1

Name JIANG ZHICHAO

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? GBJ3541J

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.



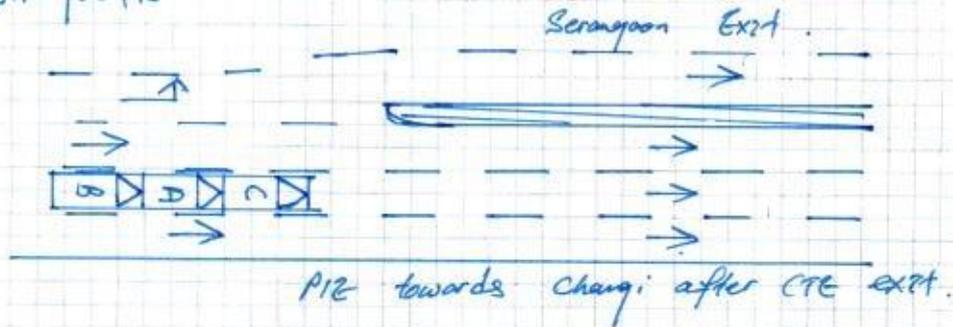
Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

**SKETCH PLAN**

- (A) GBJ 3541J
- (B) YN 951K
- (C) SJN 9034B



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

On 02/09/19 at @ 1740 hrs, I was travelling in my vehicle (GBJ 3541J) along PIE towards airport after CTE exit on the centre lane. I slow down and stopped due to traffic jammed ahead. Suddenly, a lorry (YN 951K) from behind collided onto the rear portion of my vehicle. The impact was so strong that pushed my vehicle forward and caused my vehicle to collide onto the vehicle (SJN 9034B) ahead of me.

**DECLARATION**

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name:

Vehicle No.	GBJ 3541 J	Model / Make	Toyota Dyna.
Date of Accident	02 / 09 / 19.		
Time of Accident	1740 HRS		
Location of Accident	AE towards Airport after CTE exit.		
Exact purpose use during accident	Commercial Used.		
Name of Owner	Chung Hua Food Industries Pte Ltd		
Telephone No.	H/P: 8833 4144	Home:	Office:
NRIC	197401791K.		
Address	3017 Bedok North St 5 #03-26 (S) 486121.		
Claim type	OD	<u>THIRD PARTY</u>	REPORTING ONLY
Insurance Company	NTUC.		
Type of Coverage	<u>Comprehensive</u>	Third Party	Third Party / Fire / Theft
Policy No.	5108368917.		
Name of Driver	As Above If No, Jiang Zhichao.		
NRIC	G 8674870W.	Any Passengers: N.A.	
Date of birth	14 / 10 / 1997.		
Occupation	<u>Outdoor</u>	/ Indoor	
Driving License Pass Date	10 / 05 / 2019.		
Gender	<u>Male</u>	Female	
Contact No.	H/P: 9829 6158.	Home:	Office:
Address	3017 Bedok North St 5 #03-26 (S) 486121.		
Driver have any own vehicle	<u>No,</u>	If yes, Reg No.	
Relationship	<u>Employee,</u>	If no, state	
Weather condition	<u>Clear</u>	Raining Other	
Road Surface	<u>Dry</u>	Wet Other	
Any Injuries	No,	<u>If Yes, Who?</u>	
Name And Contact No.	Jiang Zhichao (H/P: 9829 6158)		
Name And Contact No.			
Police Report	<u>No,</u>	If Yes, Where?	
Vehicle B No.	YN 951 K.	Any Passengers: 01 (M).	
Name of Driver	Ban Yong Hui	Contact No.:	
Vehicle C No.	SJN 9034 B.	Any Passengers: 03 (M).	
Vehicle D No.		Any Passengers:	
Vehicle E no.		Any Passengers:	
Vehicle F No.		Any Passengers:	
Vehicle G No.		Any Passengers:	
Witness Name	N.A.	Witness Contact: N.A.	
Accident Portion	Front and Rear Portion.		
Camera Recorder	Yes / <u>No</u> .		
Email Address	-		
PARTICULAR WORKSHOP	N-51		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Zi Teng.		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg		

### Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960  
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number** : 5108368917

**Cover** : Preferred Workshop Plan

- |   |   |                                   |
|---|---|-----------------------------------|
| 1. Index mark and Registration Number of Vehicle  | : | <b>GBJ3541J</b>                   |
| Chassis Number  | : | JTFAT35YX0K212881                 |
| 2. Name of Policyholder   | : | CHUNG HWA FOOD INDUSTRIES PTE LTD |
| 3. Effective Date of Insurance  | : | 27 Mar 2019                       |
| 4. Expiry Date of Insurance   | : | 26 Mar 2020                       |
| 5. Persons or Classes of Persons entitled to drive#   |   |                                   |
| (a) The Policyholder.   |   |                                   |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission.   |   |                                   |
| Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. |   |                                   |
| 6. Limitations as to Use#   |   |                                   |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.   |   |                                   |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's business.   |   |                                   |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	:	S\$600
EXCESS (SECTION 2)	:	N/A
WINDSCREEN EXCESS	:	S\$100
INSURE WITH COE	:	YES
HIRE PURCHASE COMPANY	:	ABWIN PTE LTD
SUM INSURED	:	MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : ABWIN PTE LTD (00000614234)  
 Date of Issue : 22 Mar 2019 15:11 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



ABWIN PTE LTD  
 8 Kaki Bukit Road 2 #01-35  
 Ruby Warehouse Complex  
 Singapore 417841  
 Tel: 6842 3332 Fax: 6842 3301 (Admin Office)



Countersigned By:

Authorised Officer

Chief Executive

Hello, NAC\_PAYA\_UBI\_800601

Change Language Change Password Log Out

My Desktop  
Notice of Loss

Policy Query

Policy No.  Date of Accident

Vehicle No.(For Motor)  Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5108368917		CHUNG HWA FOOD INDUSTRIES PTE LTD	197401791K	GCV	Preferred Workshop Plan	GBJ3541J	GBJ3541J	27/03/2019	26/03/2020

Continue

**Policy Information**

Policy No.	5108368917	Policyholder Name	CHUNG HWA FOOD INDUSTRIES	Policyholder NRIC	197401791K
Certificate No.					
Address	3017 BEDOK NORTH STREET 5 #03-26 GOURMET EAST KITCHEN SINGAPORE 486121				
Product Name	COMMERCIAL VEHICLE INSURAI Plan	Group Policy Flag	N		
Policy issue Date	22/03/2019	Effective Date	27/03/2019 00:00	Expiry Date	26/03/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess		Young/Inexperience Driver Excess	
Agent	ABWIN PTE LTD	Agent Tel.	68423301	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

**Policyholder Mailing Address**

Address 1	3017 BEDOK NORTH STREET 5	Address 2	#03-26 GOURMET EAST KITCHEN	Address 3	SINGAPORE 486121
Address 4		Address Type	Singapore address	Post Code	486121
Unit No.	03-26	Related Policy Number	5108368917		

**Insured Object: GBJ3541J**

**Endorsements**

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	27/03/2019 00:00	Basic Information Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 27 Mar 2019, the following policy details are amended as follows: HIRE PURCHASE COMPANY: ABWIN PTE LTD CHASSIS NUMBER: JTFAT35YX0K212881 ENGINE NUMBER: 1KD2850466 VEHICLE REGISTRATION NUMBER: GBJ3541J ORIGINAL REGISTRATION DATE: 27 Mar 2019

[Continue](#) [Cancel](#)

Claim Handling

Exit

Accident MT/1060744

Policy No.	5108368917	Vehicle No.	GBJ3541J	GST Registration No.	
Certificate No.					
Policyholder Name	CHUNG HWA FOOD INDUSTRIES PTE LTD	Cover Type	Preferred Workshop Plan	Policyholder NRIC	197401791K
Product Code	COMMERCIAL VEHICLE INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	88334344	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	1
MPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No

**Accident Details**

Report Date	03/09/2019 11:47	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	02/09/2019	Time of Accident hh:mm	17:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE (CHANGI) AFTER CTE EXIT				

**Total Excess Applicable**

Excess Type	Per Accident	Windscreen Excess	100.00
OD Standard Excess	600.00	TP Standard Excess	0.00
YIED OD Excess	1000.00	YIED TP Excess	
Additional Excess		Driver is Covered?	
Total OD Excess Applicable	1600.00	Total TP Excess Applicable	

**Benefits**

**GST Registered Information**

GST Registered	Yes	GST Registration Date	23/07/2007
GST Registration No.	197401791K	GST Status Verified	Yes
Modification History	03/09/2019 11:48:32 System changed GST Registered from No to Yes 03/09/2019 11:48:32 System changed GST Registration No. from null to 197401791K 03/09/2019 11:48:32 System changed GST Registration Date from null to 23/07/2007		

**Policyholder Mailing Address**

Address 1	3017 BEDOK NORTH STREET 5	Address 2	#03-26 GOURMET EAST KITCHEN	Address 3	SINGAPORE 486121
Address 4		Address Type	Singapore address	Post Code	486121
Unit No.	03-26	Related Policy Number	5108368917		

**D1 Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver
Unnamed driver Name	JIANG ZHICHAO	Driver NRIC	GB574870W
Register Date of Driver License	10/05/2019	Driver Age	21
Contact No.(Mobile)	98296158	Contact No.(Office)	0
Address 1	3017 BEDOK NORTH STREET 5	Address 2	GOURMET EAST KITCHEN
Address 4		Address Type	Singapore address
Unit No.	03-26	Address 3	SINGAPORE 486121
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Post Code	486121
		Driver Insurer Company	

**Declaration**

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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Modification History

**Claim 001** New

Claim Type *	OD-MX	Insured Name	CHUNG HWA FOOD INDUSTRIE	Insured NRIC	197401791K	
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	65706775	
Email Address		D1 Vehicle Number	GBJ3541J	TP Vehicle Number	YN951K	
Claimant Type/Claimant Type *	Please Select	Type of Benefit *	Please Select			
Claimant Name *		Claimant NRIC *				
Claimant Address						
Claim Description	GBJ3541J / YN951K ON 2 Sept 2019				Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	Received	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	03/09/2019 00:00	
Date Registered	03/09/2019 11:51	Claim Close Date				
Report Taken By	Jackson					

Print AK letter

**Save** **Submit**

**Attachment**

Accident No.	MT/1060744	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	03/09/2019 11:52

Path \*

Browse...	Clear	Please Select	NO	Normal	
Browse...	Clear	Please Select	NO	Normal	
Browse...	Clear	Please Select	NO	Normal	
Browse...	Clear	Please Select	NO	Normal	
Browse...	Clear	Please Select	NO	Normal	

Send Message **Upload**

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CD)	Action
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Sep 2019 11:52	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-9-3		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Sep 2019 11:51	SAS	Normal	SAS 2019-9-3		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Sep 2019 11:51	Photos	Normal	Photos 2019-9-3		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Sep 2019 11:51	Photos	Normal	Photos 2019-9-3		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Sep 2019 11:51	Photos	Normal	Photos 2019-9-3		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Sep 2019 11:51	Photos	Normal	Photos 2019-9-3		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Sep 2019 11:51	Photos	Normal	Photos 2019-9-3		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Sep 2019 11:51	Photos	Normal	Photos 2019-9-3		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Sep 2019 11:51	Photos	Normal	Photos 2019-9-3		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Sep 2019 11:51	Photos	Normal	Photos 2019-9-3		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Sep 2019 11:51	Photos	Normal	Photos 2019-9-3		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Sep 2019 11:51	Photos	Normal	Photos 2019-9-3		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Sep 2019 11:51	Photos	Normal	Photos 2019-9-3		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Sep 2019 11:51	Photos	Normal	Photos 2019-9-3		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Sep 2019 11:51	Photos	Normal	Photos 2019-9-3		<a href="#">Edit</a>

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
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[Display in New Window](#) [Scan and uploading](#)